



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E437969**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01616		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	01	OBJECT STRUCK	EARTH BANK OR LEDGE

TRIBAL RESERVATION	
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DATE OF COLLISION	06 - 29 - 2015	TIME (2400)	0544	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 204	BLOCK NO. <input checked="" type="checkbox"/>	8200
MILE POST		

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3804209713
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LAST NAME	SANDRE-GOMEZ	FIRST NAME	BELTRAN	MIDDLE INITIAL	
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	17852 MCLEAN RD
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CITY	MOUNT VERNON	ST	WA	ZIP	98273
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	SANDB*069MD	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	07	-	04	-	1994
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	4	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AQD2848	STATE	WA	VIN#	JNKCV54E57M910018
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	INFI	MODEL	G35	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	DICK'S TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JUSTINA GOMEZ 17852 MCLEAN RD MOUNT VERNON WA 98273

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 248-4747-E21-47A EXP: 5-21-15
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VEHICLE LEGALLY EXAMINED YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS <input type="checkbox"/>	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY EXAMINED YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E437969**

CASE # **15-01016**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit #1 was eastbound on State Route 204 in the left lane. Unit #1 states another vehicle was approaching from behind quickly. Unit #1 sped up and began to change lanes to move over for the other vehicle. As Unit #1 changed lanes, he states his vehicle began to slide. He attempted to correct the slide by breaking. However, he lost control, crossed over the fog line, up the embankment, hit a couple of small trees and bushes, came back down the embankment and stopped partially blocking the right lane. Both front tires are flat and vehicle has front end damage. Vehicle was towed by Dick's Towing at the driver's request, who called them.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**06-29-15 07:32 AM**

DATED

PLACE SIGNED

APPROVED BY

DATE

**ROBERT MINER 095**

**6/29/2015 7:50:38 AM**

BADGE OR ID #	<b>095</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>5:45 AM</b>	TIME POLICE ARRIVED	<b>5:53 AM</b>
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